

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	6	3/6/02	\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>8</td><td>1</td><td>5</td></tr></table>			5	0	--	0	8	1	5
5	0	--	0	8	1	5					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>No fee for a renewed petition.</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Paul Shanowski</u>		TITLE: <u>Petition Attorney</u>									
SIGNATURE: <u><i>Paul Shanowski</i></u>		PHONE: <u>305-0011 0</u>									
OFFICE: <u>Office of Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Harle</i></u>		DATE: <u>7/1/02</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*